

216005432
80359

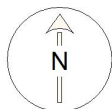
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

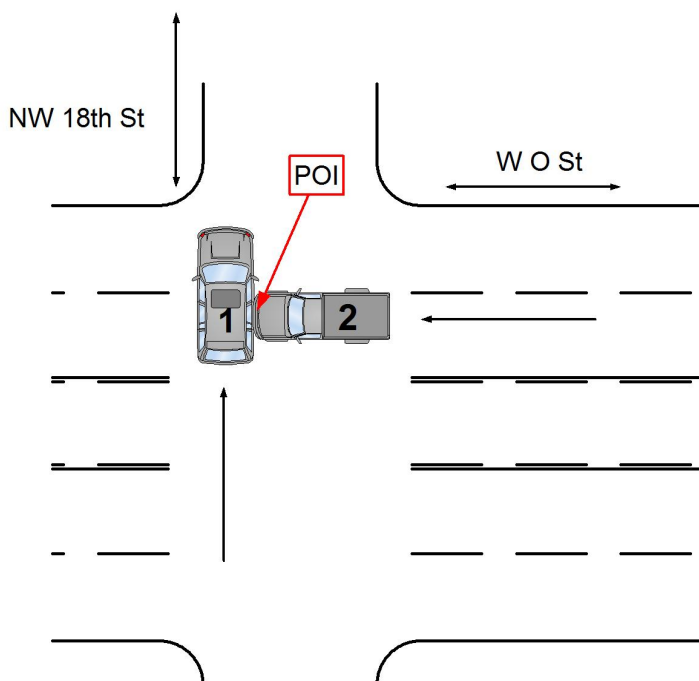
2	Total Number of Vehicles	Local No./ District 148	Agency Case No. B6-009756	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/03/2016		TIME OF ACCIDENT 1955	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2003	02/04/2016	
B	20	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. W O St/NW 18th St			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY W O St/NW 18th St				
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	1	VEHICLE NO. 1				
V1/N	1	DRIVER LICENSE NO. C4365137	STATE (Of License) IA	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	LOCAL NO.	
V2/N	1	DRIVER Michael J Smith	PHONE 309-444-3551	DATE OF BIRTH (MM / DD / YYYY) 08/14/1967	18	
G	4	DRIVER ADDRESS Transient,	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO. LB 497175 LB 506576	
H	5	OWNER Kelly R Lutrick	PHONE	STATE (Of Plate) IA	18	
V1/O	4	OWNER ADDRESS 924 Frazier Ave, Des Moines, IA 50315	CITY, STATE, ZIP	YEAR (Plate Expires) 2016	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 800	25
V2/O	4	VEHICLE 2002 Chevrolet Trailblazer	BODY STYLE Medium/large	COLOR gray	INSURANCE COMPANY	18
I	1	VEHICLE ID NO. (V1/N) 1GNDT135122243035	TOWED TO	TOWED BY	POLICY NO.	45
J	01	VEHICLE NO. 2				
V1/P	8	DRIVER LICENSE NO. G02089401	STATE (Of License) NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	LOCAL NO.	
V2/P	1	DRIVER JEANNE M WAEGLI	PHONE 402-890-3950	DATE OF BIRTH (MM / DD / YYYY) 09/17/1951	18	
V1/Q	4	DRIVER ADDRESS 3700 CORNHUSKER LOT 54D, LINCOLN, NE 68504	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/Q	3	OWNER Railcrew Xpress	PHONE 913-928-5000	YEAR (Plate Expires) 2016	ESTIMATED DAMAGE <input checked="" type="checkbox"/> TOALED \$	18
K	02	OWNER ADDRESS 9867 Widmer Rd, Lenexa, KS 66215	CITY, STATE, ZIP	STATE (Of Plate) KS	45	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
1	Michael J Smith Transient,		08/14/1967	01	1	07
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	4 Injury Sev.	5 Trans.	SEX M F
2	JEANNE M WAEGLI 3700 Cornhusker #54D, Lincoln, NE 68504		09/17/1951	01	1	07
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	4 Injury Sev.	5 Trans.	SEX M F
	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME			

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Measurements approximate
Drawing not to scale



D2 was traveling WB on W O in the inside lane at or slightly below the speed limit. D1 was traveling NB on NW 18th St crossing W O St from the private parking lot at 1835 W O St. D1 drove in front of D2, crossing the road without due regard for traffic. D1 was then struck by D2. D1's vehicle was spun by the impact, and then continued EB on W O St, leaving the scene. D1 was later stopped by LSO for a separate offense. D1 was cited and released to hospital care.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																										
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																																										
WITNESSES	NAME								ADDRESS								PHONE																																										
	NAME								ADDRESS								PHONE																																										
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS				VEH 1		1		VEH 2		3																	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING				Driver No. 1		Driver No. 2		Pedestrian																															
1		X				NW 18th St														VEHICLE 1				VEHICLE 2				2				Y		Y		Y																							
2					X	W O St				POINT OF IMPACT		04		POINT OF IMPACT		01		4				N				N		N																															
1		08						MOST DAMAGED AREA		04		MOST DAMAGED AREA		01						1				None used - vehicle occupant		2		Lap & shoulder belt used		3		Shoulder belt only used		4		Lap belt only used		5		Child safety seat used		6		Child booster seat used		7		DOT approved helmet used		8		Costume helmet used		9		Restraint use unknown			
2		01						06		Turning left		07		Making U-turn						08		Entering traffic lane		09		Leaving traffic lane		10		Parked		11		Slowing or stopped in traffic		12		Other		13		Unknown		00		None		01		Essentially straight ahead		02		Backing		03		Changing lanes	
OFFICER NO. 1747										TROOP/ TEAM/ BEAT 11										DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																													
INVESTIGATOR NAME (Print or Type) Jacob Woodworth										INVESTIGATOR SIGNATURE Approved by Officer Jacob Woodworth										DATE OF REPORT 02/04/2016																																							